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COVER LETTER

Divi	ision of Cor _l	porations				
SUBJECT:	OLD TOWN HAIRCUTS AND SHAVES LLC					
Sonore i.		Name of Limi	ited Liability Company			
The enclosed	l Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		Jennifer Cornejo				
			Name of Person			
		MyUSAcorporation.com				
		l Radisson Plaza, Stc.800				
		•	Address			
		New Rochelle, NY 10801				
		City/State and Zip Code				
		jvcga197698@gmail.com				
		E-mail address: (t	o be used for future annual report r	otification)		
For further in	iformation co	oncerning this matter, please ca	ill:			
Jennifer Com	nejo		877 330-2677			
Name of Person Area Code Daytime Telephone Nu			time Telephone Number			
Enclosed is a	check for th	e following amount:				
□ \$25.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

TO:

Registration Section

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OLD TOWN HAIRCUTS AND SHAVES LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) and assigned Florida document number L19000109599 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JAVIER ENTERPRISE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

, Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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<i>f</i> 1					
August 8th 2019					
ated August 8th					
ated August 8th					
Signature of a member or authorized r	epresentative of a n	nember			

Page 3 of 3

Filing Fee: \$25.00